

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534254

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4		①				
5		①				
6		①				
7		①				
8		①				
9	/					
10	/					
11		1				
12	/					
13		1				
14		2				
15		2				
16		2				
17		2				
18		2				
19		③				
20		③				
21		③				
22		③				
23		③				
24		③				
25		③				
26		③				
27		③				
28		③				
29		③				
30		③				
31		③				
32		③				
33		③				
34		③				
35		③				
36		③				
37		③				
38	/					
39	/					
40		2				
41		③				
42		③				
43		③				
44		③				
45		③				
46		③				
47		③				
48		③				
49		③				
50		③				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		①				
52		①				
53		①				
54		①				
55		①				
56			/			
57				/		
58				/		
59				/		
60				/		
61				/		
62			/			
63				/		
64				/		
65				/		
66				/		
67				/		
68			/			
69				/		
70				/		
71				/		
72				/		
73				/		
74				/		
75				/		
76				/		
77				/		
78				/		
79				/		
80				/		
81				/		
82				/		
83				/		
84				/		
85				/		
86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	26	←		←
TOTAL CLAIMS			29			